

Docket Number
RD-28,011

My residence, post office address and citizenship are as stated below next to my name.

A METHOD FOR REMOVING OXIDES AND COATINGS FROM A SUBSTRATE

☐ was filed on _____ as United States Application Number _____ or PCT International Application Number _____ and was amended on _____ (if applicable).

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

(Number)	(Country)	(Day/Month/Year Filed)
(Number)	(Country)	(Day/Month/Year Filed)

☐ Yes ☐ No

☐ Yes ☐ No

(Application Number)	(Filing Date)
(Application Number)	(Filing Date)

(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
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PATENT TRADEMARK OFFICE



I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST INVENTOR:

Full name: Lawrence Bernard Kool

First Name

Middle Name

Last Name

Signature: Law Bernard Kool

Date

Jan. 8, 2001Residence: Clifton Park, New York

City and State

Citizenship: USAPost Office Address: 2 Cardinal Court, Clifton Park, NY 12065

SECOND JOINT INVENTOR:

Full name: James Anthony Ruud

First Name

Middle Name

Last Name

Signature: James Anthony Ruud

Date

JANUARY, 4, 2001Residence: Delmar, New York

City and State

Citizenship: USAPost Office Address: 17 Brookview Avenue, Delmar, NY 12065

THIRD JOINT INVENTOR:

Full name: _____

First Name

Middle Name

Last Name

Signature: _____

Date _____

Residence: _____

City and State

Citizenship: _____

Post Office Address: _____

FOURTH JOINT INVENTOR:

Full name: _____

First Name

Middle Name

Last Name

Signature: _____

Date _____

Residence: _____

City and State

Citizenship: _____

Post Office Address: _____